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**Supplemental Application Data Sheet****Application Information**

Application number:: 10/685,134  
Filing Date:: October 14, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title :: Tools for Implanting an Artificial Vertebral Disk  
and Method  
Attorney Docket Number:: KLYCD-05009US1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 7A  
Total Formal Drawing Sheets:: 11  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: James  
Middle Name:: F.  
Family Name:: Zucherman  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 3035 Pierce Street  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94123  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Ken  
Middle Name:: Y.  
Family Name:: Hsu  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 52 Clarendon Avenue  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA

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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94114  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Charles  
Middle Name:: J.  
Family Name:: Winslow  
Name Suffix::  
City of Residence:: Walnut Creek  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 25 Hilton Court  
City of mailing address:: Walnut Creek  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94595  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Scott  
Middle Name:: A.  
Family Name:: Yerby  
Name Suffix::  
City of Residence:: Montara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1333 Birch Street  
City of mailing address:: Montara  
State or Province of mailing address:: CA

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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94037  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Steve  
Middle Name::  
Family Name:: Mitchell  
Name Suffix::  
City of Residence:: Pleasant Hill  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 776 Duke Circle  
City of mailing address:: Pleasant Hill  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94523  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: John  
Middle Name::  
Family Name:: Flynn  
Name Suffix::  
City of Residence:: Concord  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1458 Santa Clara Avenue  
City of mailing address:: Concord  
State or Province of mailing address:: CA

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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94519

## Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800  
Fax Number: 415/362-2928  
E-Mail address:: officeactions@fdml.com

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	claims benefit under 35 USC 119(e) of	60/422,011	10/29/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::	St. Francis Medical Technologies, Inc.
Street of mailing address::	<del>1900 Bates Avenue, Suite L</del> <u>960 Atlantic Avenue, Suite 102</u>
City of mailing address::	<del>Concord</del> <u>Alameda</u>
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	<del>94520</del> <u>94501</u>